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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032  
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# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. **780.29643CX7**  
First Inventor **Thomas J. CAMPANA, Jr. et al**  
Title **ELECTRONIC MAIL SYSTEM WITH RF COMMUNICATIONS MOBILE PROCESSORS**  
Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

SEE MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification  
(General amendment not both below)  
(Total Pages: 100)  
(including Appendix)  
-Descriptive title of the invention  
-Cross Reference to Related Applications  
-Statement Regarding Fed sponsored R & D  
-Reference to sequence listing, a table, or a computer program listing appendix  
-Background of the invention  
-Brief Summary of the invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claims  
-Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) (Total Pages: 12)
- Oath or Declaration (Total Pages: 2)  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- ☐ Application Data Sheet. See 37 CFR 1.76

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☒ copy of previously recorded Assignment Papers (cover sheet & documents(s)) (4 pgs.)
- ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☒ Information Disclosure 8 pgs ☒ Copies of IDS Citations  
Statement (IDS)/PTO-144 only non-pat. refs.
- ☒ Preliminary Amendment (8 pgs. & Exs. A & B)
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
- ☒ Other. Marked-Up Vers. of Spec. (5 pgs)  
Table of Sub. Appendix (14 pgs.)  
Supplement Declaration

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and the preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/640,076

Prior application information: Examiner: Maung Group Art Unit: 2681

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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| Name <b>Donald E. Stout</b>                                |  | Registration No. (Attorney/Agent)                             |  | 26,422  |  |
| Signature <i>Donald E. Stout</i>                           |  | Date  |  | March 5, 2002   |  |

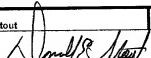
Burden Hour Statement: This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

| <b>FEE TRANSMITTAL<br/>for FY 2002</b>  |                       |                            |                       | <b>Complete if Known</b>   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|---|-----------------------|----------------------------|-----------------------|--|----------------------|----------------------------|-----------------|----------|-----------------------|----------|-----------------------|-----------------|-----------------------------------|-----|-----|-----|-----|-------------------------------------|---------------------------------------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---------------------------|--|-----|----------------------------|-----|-------|--|------------------------|--|---------------------|-----|------|---|-----------------------|--|-----------------------|-----------------|----------|---|--------------|----------------|----------|-------------------------------------|-----|--|------|--------------------|-----|--|-------|---|-----|-----|-----|----------------------------|-----|--|-------|-----|-------|--|-----|---|------|-----|-------|---|-----|--|--------|-----|--------|---|-----|------------------|-----|-----|-----|--|-----|--|-----|-----|-----|---|-----|--------------------------|-----|-----|-------|--|-------|---|-------|-----|-----|---|----|----------------------------------|-------|-----|-------|--|-----|------------------------------------|-----|-----|-------|------------------|-----|--------------------------------|-----|-----|-----|--|-----|------------------|-----|-----|-----|--------------------------|-----|-----------------|-------|-----|-------|---|-----|-------------------------------|-----|-----|----|----------------------------------|----|-------------------------------------|-------|-----|-----|------------------------------------|-----|---|-------|-----|-----|--------------------------------|----|--|-----|-----|-----|------------------|-----|--|-----|-----|-----|-----------------|-----|--|-----|-----|-----|-------------------------------|-----|---|----|-----|-----|-------------------------------------|-----|---|-----|---------------------------|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|
| <i>Patent fees are subject to annual revision.</i>  |                       |                            |                       | Application Number      To Be Assigned   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT      (\$) <b>538.00</b>   |                       |                            |                       | Filing Date <b>March 6, 2002</b>   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |                       |                            |                       | First Named Inventor <b>Thomas J. CAMPANA, Jr.</b>   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |                       |                            |                       | Examiner Name <b>N. Maung (Previous)</b>   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |                       |                            |                       | Group Art Unit <b>2681 (Previous)</b>  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |                       |                            |                       | Attorney Docket No. <b>780.29643CX7</b>  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>METHOD OF PAYMENT</b>  |                       |                            |                       | <b>FEE CALCULATION (continued)</b>   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br>Deposit Account Number <b>01-2135</b><br>Deposit Account Name <b>Antonelli, Terry, Stout &amp; Kraus, LLP</b><br><input type="checkbox"/> Charge Any Additional Fee Required<br>Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant Claims small entity status.<br>See 37 CFR 1.27  |                       |                            |                       | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examination action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>290</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>126</td> <td>190</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>189</td> <td>900</td> <td>189</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (specify) _____</td> </tr> </tbody> </table> |                      |                            |                 | Fee Code | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid                          | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath |                                       | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520                      | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |                        | 112  | 920*                | 112 | 920* | Requesting publication of SIR prior to Examination action |                       | 113  | 1,840*                | 113             | 1,840*   | Requesting publication of SIR after Examiner action |              | 115            | 110      | 215                                 | 55  | Extension for reply within first month |      | 116                | 400 | 216  | 200   | Extension for reply within second month |     | 117 | 920 | 217                        | 460 | Extension for reply within third month |       | 118 | 1,440 | 218  | 720 | Extension for reply within fourth month |      | 128 | 1,960 | 228   | 980 | Extension for reply within fifth month |        | 119 | 320    | 219   | 160 | Notice of Appeal |     | 120 | 320 | 220                                    | 160 | Filing a brief in support of an appeal |     | 121 | 290 | 221                                     | 140 | Request for oral hearing |     | 138 | 1,510 | 138                                    | 1,510 | Petition to institute a public use proceeding |       | 140 | 110 | 240                                     | 55 | Petition to revive - unavoidable |       | 141 | 1,280 | 241                                    | 640 | Petition to revive - unintentional |     | 142 | 1,280 | 242              | 640 | Utility issue fee (or reissue) |     | 143 | 460 | 243                                    | 230 | Design issue fee |     | 144 | 620 | 244                      | 310 | Plant issue fee |       | 122 | 130   | 122   | 130 | Petitions to the Commissioner |     | 123 | 50 | 123                              | 50 | Processing fee under 37 CFR 1.17(q) |       | 126 | 190 | 126                                | 180 | Submission of Information Disclosure Stmt |       | 581 | 40  | 581                            | 40 | Recording each patent assignment per property (times number of properties) |     | 146 | 740 | 246              | 370 | For each additional invention to be examined (37 CFR § 1.129(a)) |     | 149 | 740 | 249             | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |     | 179 | 740 | 279                           | 370 | Request for Continued Examination (RCE) |    | 189 | 900 | 189                                 | 900 | Request for expedited examination of a design application |     | Other fee (specify) _____ |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Fee Code                   | Small Entity Fee (\$) | Fee Description  | Fee Paid             |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105   | 130                   | 205                        | 65                    | Surcharge - late filing fee or oath  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127   | 50                    | 227                        | 25                    | Surcharge - late provisional filing fee or cover sheet   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139   | 130                   | 139                        | 130                   | Non-English specification  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147   | 2,520                 | 147                        | 2,520                 | For filing a request for <i>ex parte</i> reexamination   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112   | 920*                  | 112                        | 920*                  | Requesting publication of SIR prior to Examination action  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113   | 1,840*                | 113                        | 1,840*                | Requesting publication of SIR after Examiner action  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115   | 110                   | 215                        | 55                    | Extension for reply within first month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116   | 400                   | 216                        | 200                   | Extension for reply within second month  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117   | 920                   | 217                        | 460                   | Extension for reply within third month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118   | 1,440                 | 218                        | 720                   | Extension for reply within fourth month  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128   | 1,960                 | 228                        | 980                   | Extension for reply within fifth month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119   | 320                   | 219                        | 160                   | Notice of Appeal   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120   | 320                   | 220                        | 160                   | Filing a brief in support of an appeal   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121   | 290                   | 221                        | 140                   | Request for oral hearing   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138   | 1,510                 | 138                        | 1,510                 | Petition to institute a public use proceeding  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140   | 110                   | 240                        | 55                    | Petition to revive - unavoidable   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141   | 1,280                 | 241                        | 640                   | Petition to revive - unintentional   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142   | 1,280                 | 242                        | 640                   | Utility issue fee (or reissue)   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143   | 460                   | 243                        | 230                   | Design issue fee   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144   | 620                   | 244                        | 310                   | Plant issue fee  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122   | 130                   | 122                        | 130                   | Petitions to the Commissioner  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123   | 50                    | 123                        | 50                    | Processing fee under 37 CFR 1.17(q)  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126   | 190                   | 126                        | 180                   | Submission of Information Disclosure Stmt  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581   | 40                    | 581                        | 40                    | Recording each patent assignment per property (times number of properties)   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146   | 740                   | 246                        | 370                   | For each additional invention to be examined (37 CFR § 1.129(a))   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149   | 740                   | 249                        | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179   | 740                   | 279                        | 370                   | Request for Continued Examination (RCE)  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 189   | 900                   | 189                        | 900                   | Request for expedited examination of a design application  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |                       |                            |                       |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>2. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>231</td> <td>370</td> <td>Utility filing fee</td> <td>370</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> </tr> </tbody> </table>   |                       |                            |                       | Large Fee Code (\$)  | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101                   | 740      | 231                   | 370             | Utility filing fee                | 370 | 106 | 330 | 206 | 165                                 | Design filing fee                     |     | 107 | 510 | 207 | 255  | Plant filing fee                                   |     | 108 | 740 | 208 | 370                       | Reissue filing fee   |     | 114                        | 160 | 214   | 80   | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |      |   |                       | <b>1. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>9-20**</td> <td>= 0</td> <td>x \$9</td> <td>= 00</td> </tr> <tr> <td>Indep. Claims 73**</td> <td>= 4</td> <td>x \$42</td> <td>= 168</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>= 0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2) \$ 538</b></td> </tr> </tbody> </table> |                       |                 |          | Total Claims  | Extra Claims | Fee from below | Fee Paid | 9-20**                              | = 0 | x \$9                                  | = 00 | Indep. Claims 73** | = 4 | x \$42   | = 168 | Multiple Dependent                      |     |     | = 0 | <b>SUBTOTAL (2) \$ 538</b> |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Fee Code (\$)   | Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description       | Fee Paid   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 101   | 740                   | 231                        | 370                   | Utility filing fee   | 370                  |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 106   | 330                   | 206                        | 165                   | Design filing fee  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 107   | 510                   | 207                        | 255                   | Plant filing fee   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 108   | 740                   | 208                        | 370                   | Reissue filing fee   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 114   | 160                   | 214                        | 80                    | Provisional filing fee   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |                       |                            |                       |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below             | Fee Paid              |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 9-20**  | = 0                   | x \$9                      | = 00                  |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Indep. Claims 73**  | = 4                   | x \$42                     | = 168                 |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  |                       |                            | = 0                   |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2) \$ 538</b>  |                       |                            |                       |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>2. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) \$ 538</b></td> </tr> </tbody> </table> |                       |                            |                       | Large Fee Code (\$)  | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 102                   | 84       | 202                   | 42              | Independent claims in excess of 3 |     | 104 | 280 | 204 | 140                                 | Multiple dependent claim, if not paid |     | 109 | 84  | 209 | 42   | ** Reissue independent claims over original patent |     | 110 | 18  | 210 | 9                         | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2) \$ 538</b> |     |       |  |                        | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examination action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>290</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>126</td> <td>190</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>189</td> <td>900</td> <td>189</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (specify) _____</td> </tr> </tbody> </table> |                     |     |      | Fee Code  | Large Entity Fee (\$) | Fee Code   | Small Entity Fee (\$) | Fee Description | Fee Paid | 105   | 130          | 205            | 65       | Surcharge - late filing fee or oath |     | 127                                    | 50   | 227                | 25  | Surcharge - late provisional filing fee or cover sheet |       | 139                                     | 130 | 139 | 130 | Non-English specification  |     | 147                                    | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 112                                     | 920* | 112 | 920*  | Requesting publication of SIR prior to Examination action |     | 113                                    | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115              | 110 | 215 | 55  | Extension for reply within first month |     | 116                                    | 400 | 216 | 200 | Extension for reply within second month |     | 117                      | 920 | 217 | 460   | Extension for reply within third month |       | 118   | 1,440 | 218 | 720 | Extension for reply within fourth month |    | 128                              | 1,960 | 228 | 980   | Extension for reply within fifth month |     | 119                                | 320 | 219 | 160   | Notice of Appeal |     | 120                            | 320 | 220 | 160 | Filing a brief in support of an appeal |     | 121              | 290 | 221 | 140 | Request for oral hearing |     | 138             | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |     | 140                           | 110 | 240 | 55 | Petition to revive - unavoidable |    | 141                                 | 1,280 | 241 | 640 | Petition to revive - unintentional |     | 142                                       | 1,280 | 242 | 640 | Utility issue fee (or reissue) |    | 143  | 460 | 243 | 230 | Design issue fee |     | 144  | 620 | 244 | 310 | Plant issue fee |     | 122  | 130 | 122 | 130 | Petitions to the Commissioner |     | 123                                     | 50 | 123 | 50  | Processing fee under 37 CFR 1.17(q) |     | 126   | 190 | 126                       | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | For each additional invention to be examined (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 189 | 900 | 189 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Fee Code (\$)   | Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description       | Fee Paid   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 102   | 84                    | 202                        | 42                    | Independent claims in excess of 3  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 104   | 280                   | 204                        | 140                   | Multiple dependent claim, if not paid  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 109   | 84                    | 209                        | 42                    | ** Reissue independent claims over original patent   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 110   | 18                    | 210                        | 9                     | ** Reissue claims in excess of 20 and over original patent   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2) \$ 538</b>  |                       |                            |                       |  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Fee Code                   | Small Entity Fee (\$) | Fee Description  | Fee Paid             |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105   | 130                   | 205                        | 65                    | Surcharge - late filing fee or oath  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127   | 50                    | 227                        | 25                    | Surcharge - late provisional filing fee or cover sheet   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139   | 130                   | 139                        | 130                   | Non-English specification  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147   | 2,520                 | 147                        | 2,520                 | For filing a request for <i>ex parte</i> reexamination   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112   | 920*                  | 112                        | 920*                  | Requesting publication of SIR prior to Examination action  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113   | 1,840*                | 113                        | 1,840*                | Requesting publication of SIR after Examiner action  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115   | 110                   | 215                        | 55                    | Extension for reply within first month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116   | 400                   | 216                        | 200                   | Extension for reply within second month  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117   | 920                   | 217                        | 460                   | Extension for reply within third month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118   | 1,440                 | 218                        | 720                   | Extension for reply within fourth month  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128   | 1,960                 | 228                        | 980                   | Extension for reply within fifth month   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119   | 320                   | 219                        | 160                   | Notice of Appeal   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120   | 320                   | 220                        | 160                   | Filing a brief in support of an appeal   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121   | 290                   | 221                        | 140                   | Request for oral hearing   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138   | 1,510                 | 138                        | 1,510                 | Petition to institute a public use proceeding  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140   | 110                   | 240                        | 55                    | Petition to revive - unavoidable   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141   | 1,280                 | 241                        | 640                   | Petition to revive - unintentional   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142   | 1,280                 | 242                        | 640                   | Utility issue fee (or reissue)   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143   | 460                   | 243                        | 230                   | Design issue fee   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144   | 620                   | 244                        | 310                   | Plant issue fee  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122   | 130                   | 122                        | 130                   | Petitions to the Commissioner  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123   | 50                    | 123                        | 50                    | Processing fee under 37 CFR 1.17(q)  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126   | 190                   | 126                        | 180                   | Submission of Information Disclosure Stmt  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581   | 40                    | 581                        | 40                    | Recording each patent assignment per property (times number of properties)   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146   | 740                   | 246                        | 370                   | For each additional invention to be examined (37 CFR § 1.129(a))   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149   | 740                   | 249                        | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))   |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179   | 740                   | 279                        | 370                   | Request for Continued Examination (RCE)  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 189   | 900                   | 189                        | 900                   | Request for expedited examination of a design application  |                      |                            |                 |          |                       |          |                       |                 |                                   |     |     |     |     |                                     |                                       |     |     |     |     |  |  |     |     |     |     |                           |  |     |                            |     |       |  |                        |  |                     |     |      |   |                       |  |                       |                 |          |   |              |                |          |                                     |     |  |      |                    |     |  |       |   |     |     |     |                            |     |  |       |     |       |  |     |   |      |     |       |   |     |  |        |     |        |   |     |                  |     |     |     |  |     |  |     |     |     |   |     |                          |     |     |       |  |       |   |       |     |     |   |    |                                  |       |     |       |  |     |                                    |     |     |       |                  |     |                                |     |     |     |  |     |                  |     |     |     |                          |     |                 |       |     |       |   |     |                               |     |     |    |                                  |    |                                     |       |     |     |                                    |     |   |       |     |     |                                |    |  |     |     |     |                  |     |  |     |     |     |                 |     |  |     |     |     |                               |     |   |    |     |     |                                     |     |   |     |                           |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
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| Application Number     |                              |
| Filing Date            | March 6, 2002                |
| First Named Inventor   | Thomas J. CAMPANA, Jr. et al |
| Group Art Unit         | 2681 (Previous)              |
| Examiner Name          | N. Maung (Previous)          |
| Attorney Docket Number | 780.29643CX7                 |

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Applicants: Thomas J. CAMPANA, Jr. ET AL.  
Serial No.: To Be Assigned  
Filed: March 6, 2002  
(Concurrently Herewith)  
For: ELECTRONIC MAIL SYSTEM WITH RF  
COMMUNICATIONS TO MOBILE PROCESSORS  
Group: 2681 (Previously)  
Examiner: Nay A. Maung (Previously)

**SUBMISSION OF SUBSTITUTE APPENDIX**

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March 6, 2002

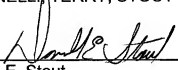
Sir:

Transmitted herewith is a Substitute Appendix which contains 12 pages as described in page "I" of the specification as amended. The Substitute Appendix is identical to the Substitute Appendix submitted in all the previous related applications.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to the deposit account of Antonelli, Terry, Stout & Kraus, LLP, Deposit Account No. 01-2135 (780.29643CX7), and please credit any excess fees to such deposit account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT &amp; KRAUS, LLP

  
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